RENNES HEALTH CENTER-EAST 701 WILLOW STREET PO BOX 188

PESHTIGO 54157 Phone: (715) 582-396	2	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	134	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	134	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	112	Average Daily Census:	116
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Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)					
Home Health Care	No	Primary Diagnosis	%	Age Groups	· · · · · · · · · · · · · · · · · · ·	Less Than 1 Year	34.8
Supp. Home Care-Personal Care	No					1 - 4 Years	42.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	9.8	More Than 4 Years	22.3
Day Services	No	Mental Illness (Org./Psy)	5.4	65 - 74	14.3		
Respite Care	Yes	Mental Illness (Other)	30.4	75 - 84	31.3		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	37.5	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.9			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	j	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	12.5	65 & Over	90.2		
Transportation	No	Cerebrovascular	8.9			RNs	9.1
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	8.5
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	41.1	Male	28.6	Aides, & Orderlies	37.9
Mentally Ill	No			Female	71.4	İ	
Provide Day Programming for	İ		100.0	j		İ	
Developmentally Disabled	No			İ	100.0	j	
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	<u>l</u>		
Level of Care	No.	્ર	Per Diem (\$)	No.	8	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	8	9.1	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	7.1
Skilled Care	9	100.0	340	78	88.6	127	1	100.0	135	14	100.0	153	0	0.0	0	0	0.0	0	102	91.1
Intermediate				2	2.3	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		88	100.0		1	100.0		14	100.0		0	0.0		0	0.0		112	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ons, Services, and	d Activities as of 12,	31/04
Deaths During Reporting Period		 		 %	Needing		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	10.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.1	Bathing	3.6		80.4	16.1	112
Other Nursing Homes	4.2	Dressing	8.9		64.3	26.8	112
Acute Care Hospitals	79.4	Transferring	23.2		59.8	17.0	112
Psych. HospMR/DD Facilities	1.6	Toilet Use	16.1		67.9	16.1	112
Rehabilitation Hospitals	0.0	Eating	60.7		26.8	12.5	112
Other Locations	2.6	********	******	*****	******	******	*****
Total Number of Admissions	189	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.3	Receiving Resp	iratory Care	8.0
Private Home/No Home Health	27.7	Occ/Freq. Incontiner	nt of Bladder	48.2	Receiving Trac	heostomy Care	0.9
Private Home/With Home Health	21.8	Occ/Freq. Incontiner	nt of Bowel	31.3	Receiving Suct	ioning	0.0
Other Nursing Homes	4.3				Receiving Osto	my Care	4.5
Acute Care Hospitals	17.6	Mobility			Receiving Tube	Feeding	1.8
Psych. HospMR/DD Facilities	0.5	Physically Restraine	ed	1.8	Receiving Mech	anically Altered Diets	32.1
Rehabilitation Hospitals	0.0						
Other Locations	7.4	Skin Care			Other Resident Cl	haracteristics	
Deaths	20.7	With Pressure Sores		6.3	Have Advance D	irectives	92.0
Total Number of Discharges		With Rashes		2.7	Medications		
(Including Deaths)	188				Receiving Psycl	hoactive Drugs	70.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lice	ensure:		
	This	This Proprietary			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.6	84.2	1.03	86.9	1.00	87.7	0.99	88.8	0.97
Current Residents from In-County	69.6	76.9	0.91	80.4	0.87	70.1	0.99	77.4	0.90
Admissions from In-County, Still Residing	19.0	19.0	1.00	23.2	0.82	21.3	0.89	19.4	0.98
Admissions/Average Daily Census	162.9	161.6	1.01	122.8	1.33	116.7	1.40	146.5	1.11
Discharges/Average Daily Census	162.1	161.5	1.00	125.2	1.29	117.9	1.38	148.0	1.10
Discharges To Private Residence/Average Daily Census	80.2	70.9	1.13	54.7	1.46	49.0	1.64	66.9	1.20
Residents Receiving Skilled Care	98.2	95.5	1.03	96.9	1.01	93.5	1.05	89.9	1.09
Residents Aged 65 and Older	90.2	93.5	0.96	92.2	0.98	92.7	0.97	87.9	1.03
Title 19 (Medicaid) Funded Residents	78.6	65.3	1.20	67.9	1.16	68.9	1.14	66.1	1.19
Private Pay Funded Residents	12.5	18.2	0.69	18.8	0.66	19.5	0.64	20.6	0.61
Developmentally Disabled Residents	0.9	0.5	1.78	0.6	1.42	0.5	1.81	6.0	0.15
Mentally Ill Residents	35.7	28.5	1.25	37.7	0.95	36.0	0.99	33.6	1.06
General Medical Service Residents	41.1	28.9	1.42	25.4	1.62	25.3	1.62	21.1	1.95
Impaired ADL (Mean)	47.7	48.8	0.98	49.7	0.96	48.1	0.99	49.4	0.97
Psychological Problems	70.5	59.8	1.18	62.2	1.13	61.7	1.14	57.7	1.22
Nursing Care Required (Mean)	7.0	6.5	1.09	7.5	0.94	7.2	0.97	7.4	0.95